

Department of Development and Environmental Services 900 Oakesdale Avenue Southwest Renton, Washington 98055-1219 206-296-6600 TTY 206-296-7217

UNINCORPORATED KING COUNTY License Application Outdoor Music Entertainment

Alternative formats available upon request

Application for businesses in unincorporated King County only

Outdoor Musi	cal Entertainment	Office Use Only	
License App	lication - \$750.00	Fee: \$ ___\cap\check \\ \operatorname{\text{\text{Cash}}}	
	fee to DDES at the address above.	Late Fee:	
Make checks payable to King		Date Paid:	
NCLUDE: Site plan; traffic plan; security plan including crowd control; arking plan; all food preparation and serving areas; insurance and bond.			
neck one: New Renewa	License #:		
ATE OF EVENT:	Expiration: Fingerprints: Date Issued:		
ame of Business			
none			
usiness Address		_	
ailing Address			
plicant			
Name		Date of Birth	
ome Address			
wn, rent, or lease business premi	ses?		
not the owner, list owner			
o you own the business for which	you seek this license? □Yes □No	1	
no, what relation to business:			
hook the appropriate how			
<i>heck the appropriate box:</i>]Sole-ownership	ship Corporation Name:		
ease provide name, place of birth	n, and date of birth for owners, partner	rs or officers:	
Name: First	Middle	Last	
Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas	
Name: First	Middle	Last	
Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas	
Name: First	Middle	Last	
Date of Birth	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas	
Name: First			
Name. 1 list	Middle	Lact	
Date of Birth	Middle	Last	
	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas	
ate the name, address and date	Place of Birth	Last Title, i.e. owner or, If corp., Pres., V.P., Sec., Treast I share in the profit/loss of this business:	
ate the name, address and date	Place of Birth	Title, i.e. owner or, If corp., Pres., V.P., Sec., Trea	

Check out the DDES Web site at www.metrokc.gov/ddes

Has the applicant or any of County under this or any of			t/loss of this business t	peen previously licensed by King			
Name/Year/Location:							
List all arrests and convict	ions of applicant, owr	ner, partners and/or	officers:				
Name	me Charge Date			Place Disposition			
that the answers contained matters and things set fort any license granted that the	license, and I de d in the application ar th are true, correct, ar nis business is in com derstand that there ar	eclare under penalt nd any accompanyi nd completed. I fur pliance with all app re <u>no refunds</u> of the	es of perjury and/or reving information have be ther swear under penal licable state and local license fee and that fa	ne above named applicant or the or a King County			
		Applicant	Applicant's Signature				
Subscribed and sworn to b	pefore me this		day of	, 20			
By Notary Public		Residing	in	_			
reduity i abile		_	nission Expires:				